



DEPARTMENT OF ADMINISTRATIVE AND FINANCIAL SERVICES

DIVISION OF PROCUREMENT SERVICES

STATE OF MAINE

PROCUREMENT JUSTIFICATION FORM (PJF)

This form must accompany all contract requests and sole source requisitions (RQS) over \$5,000 submitted to the Division of Procurement Services.

INSTRUCTIONS: Please provide the requested information in the white spaces below. All responses (except signatures) must be typed; no hand-written forms will be accepted. See the guidance document posted with this form on the Division of Procurement Services intranet site (Forms page) for additional instructions.

PART I: OVERVIEW

Department Office/Division/Program:		DHHS/Maine CDC		
Department Contract Administrator or Grant Coordinator:		Chris Moiles Shawn Belanger		
(If applicable) Department Reference #:		CD0-22-5477		
Amount: (Contract/Amendment/Grant)	\$5,200,470.00	Advantage CT / RQS #:	RQS 10A 2022020800000000891	
CONTRACT	Proposed Start Date:	2/1/2022	Proposed End Date:	9/30/2022
AMENDMENT	Original Start Date:		Effective Date:	
	Previous End Date:		New End Date:	
GRANT	Project Start Date:		Grant Start Date:	
	Project End Date:		Grant End Date:	
Vendor/Provider/Grantee Name, City, State:		Siemens Healthcare Diagnostics Inc. Tarrytown, NY		
Brief Description of Goods/Services/Grant:		Purchase of CLINITEST Rapid COVID-19 Antigen Self-Tests		

PART II: JUSTIFICATION FOR VENDOR SELECTION

Mark an "X" before the justification(s) that applies to this request. (Check all that apply.)

<input type="checkbox"/>	A. Competitive Process	<input type="checkbox"/>	G. Grant
<input type="checkbox"/>	B. Amendment	<input type="checkbox"/>	H. State Statute/Agency Directed
<input type="checkbox"/>	C. Single Source/Unique Vendor	<input type="checkbox"/>	I. Federal Agency Directed
<input checked="" type="checkbox"/>	D. Proprietary/Copyright/Patents	<input type="checkbox"/>	J. Willing and Qualified
<input type="checkbox"/>	E. Emergency	<input type="checkbox"/>	K. Client Choice
<input type="checkbox"/>	F. University Cooperative Project	<input checked="" type="checkbox"/>	L. Other Authorization: COVID-19

Please respond to ALL of the questions in the following sections.

PART III: SUPPLEMENTAL INFORMATION

1. Provide a more detailed description and explain the need for the goods, services or grant to supplement the response in Part I.

The Siemen's CLINITEST Rapid COVID-19 Antigen Self-Test uses a simple nasal swab to provide accurate COVID-19 test results (including for the Omicron and Delta variants) in 15 minutes, and comes five tests per box— convenient for families, groups and /or serial testing needs.

2. Provide a brief justification for the selected vendor to supplement the response in Part II. Reference the RFP number, if applicable.

Five manufacturers were explored for the purchasing of rapid antigen tests. Three of the five had no inventory available to sell to Maine. One is currently under performing in meeting the purchase orders submitted across the country and cost \$8.00/test. Siemens, had inventory available and could support a purchase order of 1,050,600 tests and cost \$4.95/test. Siemens, a German company, has been manufacturing and distributing CLINITEST in western Europe for 18 months with over 300 million tests used, demonstrating excellent test performance.

3. Explain how the negotiated costs or rates are fair and reasonable; or how the funding was allocated to grantee.

The Department looked at available companies to provide rapid antigen tests; Seimans was the only vendor that had inventory available to sell to Maine and at a price point of \$4.95 per test, which is was at or below market. Siemens has committed to making available and shipping from Houston, TX. The state is ordering 1,050,600 at-home tests via the following schedule:

- 250K 5-test kits to be shipped in February, 2022
- 400K 5-test kits to be shipped in March, 2022
- 400K 4-test kits to be shipped as directed by your Department by July 30, 2022.

This order is for 1236 cases of tests at a Price Per Case is \$4,207.50. (Tests are packaged five per box, for the first two shipment, and four per box for the last shipment, individually wrapped. Total is \$5,200,470.00 (1236 Cases x \$4207.50 = \$5,200,470.00).

4. Describe the plan for future competition for the goods or services.

The Department will continue to explore other testing options as the types are approved by the DHHS CDC Director and become available on the market.

PART IV: AMERICAN RESCUE PLAN ACT (ARPA) / MAINE JOBS & RECOVERY PLAN (MJRP)

Does this request utilize ARPA/MJRP funds?

☐ Yes – If Yes, please attach the approved Business Case(s).

☒ No – If No, proceed to Part V

PART V: APPROVALS

The signatures below indicate approval of this procurement request.

Signature of requesting Department's Commissioner (or designee):	DocuSigned by: <i>Benjamin Mann</i> <small>2870DAGE0E76471...</small>		
Typed Name:	Benjamin Mann, Deputy Commissioner of Finance	Date:	Feb-18-2022
Signature of DAFS Procurement Official:	DocuSigned by: <i>Jaime C. Schorr</i> <small>6D6437764DD0450...</small>		
Typed Name:	Jaime C. Schorr	Date:	2/28/2022